



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

11/23/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD987020898

FACILITY NAME -> NOT FADE AWAY TIE DYE CO INC

MAILING ADDRESS -> PO BOX 2092  
KINGSTON, NY 12401

INSTALLATION ADDRESS -> 77 CORNELL ST - 1ST FLOOR  
KINGSTON, NY 12401

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
26 FEDERAL PLAZA  
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: MORSE, DIANE  
MGR  
NOT FADE AWAY TIE DYE CO INC  
PO BOX 2092  
KINGSTON, NY 12401

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



*Fedoff New*  
United States Environmental Protection Agency

# Notification of Regulated Waste Activity

Date Received  
For Official Use Only

10-8-92

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

NY 0987020898

## II. Name of Installation (Include company and specific site name)

DBA Not Fade Away Graphics  
NOT FADE AWAY TIE DYE CO INC

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

77 CORNELL STREET

Street (continued)

1ST FLOOR

City or Town

KINGSTON

State

ZIP Code

NY 12401-

County Code

County Name

3122 WILSTER

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

PO BOX 2092

City or Town

KINGSTON

State

ZIP Code

NY 12401-

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

MORSE

DIANE

Job Title

Phone Number (area code and number) 914 339 1087

MANAGER

914-339-1087

## VI. Installation Contact Address (See instructions)

A. Contact Address Location Mailing

B. Street or P.O. Box

☐

☒

PO BOX 2092

City or Town

KINGSTON

State

ZIP Code

NY 12401-

## VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

MARTIN LEFFER

Street, P.O. Box, or Route Number

PO BOX 2092

City or Town

KINGSTON

State

ZIP Code

NY 12401-

Phone Number (area code and number)

914-339-1087

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Month Day Year

Yes

No

10/8/92 Didine Morse will re-submit FX system is on the 2nd floor of the same address - (B) spoke with Carol Debbie 11/6/92 10:05 AM

CALL 914 268-4477

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

## B. Used Oil Fuel Activities

1. Generator (See instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation:
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
- ☐ 3. Treater, Storer, Disposer (at installation)  
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Markers (or On-site Burner) Who First Claim the Oil Meets the Specification

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☐ (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes)

1 D 0 0 1	2 D 0 3 9	3 D 0 1 8	4	5	6
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
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## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Diane E. Morse

Name and Official Title (type or print)

manager - Diane Morse

Date Signed

10/7/92

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

October 16, 1992

Diane Morse  
Not Fade Away Tie Dye Co Inc  
PO Box 2092  
Kingston, NY 12401

Dear Sir/Madam:

The United States Environmental Protection Agency (USEPA), Region II, is returning a copy of your Notification of Regulated Waste Activity (EPA Form 8700-12) for the reason(s) indicated on the enclosed checklist. Please read the marked item(s) carefully and resubmit your form and/or explanation as indicated on the checklist. Re-sign and date your notification form with an original signature in the Certification block before resubmitting.

Please send your documentation and the enclosed checklist to the following address as soon as possible:

**USEPA - REGION II  
PERMITS ADMINISTRATION BRANCH  
26 FEDERAL PLAZA, ROOM 505  
NEW YORK, NEW YORK 10278  
TELEPHONE NO. 212-264-2014**

Please note that we cannot process your request until the corrected and/or additional information is provided to us. Thank you for your cooperation.

Sincerely yours,

Laura J. Livingston, Chief  
Permits Administration Branch

Enclosures

20PM-PA:Lopez:lc:October 16, 1992:		CONCURRENCES								
SYMBOL= >	20PM-PA									
SURNAME= >	Livingston									
DATE= >	<i>[Signature]</i>									
EPA FORM 1320-1 (12-70)										
OFFICIAL FILE										



DATE: 10-9-99

PLEASE NOTE YOUR CHECKLIST MUST ACCOMPANY YOUR RESUBMITTAL, AND YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND DATED IN THE CERTIFICATION BLOCK.

**CHECKLIST OF REASONS  
NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12  
CANNOT BE PROCESSED**

Facility Name: NOT FADE AWAY TIE DYE CO, INC.

- 1) ☐ Name of Installation is incomplete.
- 2) ☐ Location of Installation is insufficient.  
Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
- 3) ☐ Installation Mailing Address is incomplete.
- 4) ☐ Ownership information is incomplete.
- 5) ☐ Hazardous Waste Activity under Type of Regulated Waste Activity is incomplete.
- 6) ☐ Certification is insufficient.  
Please provide an original signature in the Certification block. Please see the instructions for completing the form for those authorized to sign the certification.
- 7) ☒ Installation Contact is incomplete.  
Please provide the contact person's name, job title, and phone number.
- 8) ☐ Installation Contact Address is Incomplete.
- 9) ☐ Description of Regulated Wastes is incomplete.  
Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.
- 10) ☐ There is an existing EPA Identification Number for the stated installation at the location address you have specified.  
To update any information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the requested changes. Please re-sign the form with an original signature in the Certification block.
- 11) ☐ You have submitted a Subsequent Notification form.  
Please provide us with a brief explanation of the requested changes.
- 12) ☐ Please use the updated Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.

13) ✓

Our records indicate that an EPA ID No. has already been assigned to another facility at the same address which you have provided as your Location of Installation. The facility name is \_\_\_\_\_

Fx SYSTEMS CORP

\*Please indicate your facility's relationship to the above named company in the appropriate space(s) below.

— The above named facility is in the same building/complex.  
Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

— The above named facility is the current owner of the property.  
List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

— The above named facility is the previous owner of the property or prior business.  
List the owner's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.

— The above named facility is the previous operator at this location.

— Other. Please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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*Fedexp*

United States Environmental Protection Agency

# Notification of Regulated Waste Activity

Date Received  
(For Official Use Only)

10-8-92

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

## II. Name of Installation (Include company and specific site name) DBA Not Fade Away Graphics

NOT FADE AWAY TIE DYE CLOTHES INC

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

77 CORNELL STREET

Street (continued)

City or Town

KINGSTON

State

ZIP Code

NY 12401-

County Code County Name

3122 WILSTER

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

PO BOX 2092

City or Town

KINGSTON

State

ZIP Code

NY 12401-

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

MORSE

(first)

DIANE

Job Title

MANAGER

Phone Number (area code and number)

914 339 1087

-

-

## VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

PO BOX 2092

City or Town

KINGSTON

State

ZIP Code

NY 12401-

## VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

MARTIN LEFFER

Street, P.O. Box, or Route Number

PO BOX 2092

City or Town

KINGSTON

State

ZIP Code

NY 12401-

Phone Number (area code and number)

914-339-1087

B. Land Type

C. Owner Type

D. Change of Owner  
Indicator

Yes

No

(Date Changed)  
Month Day Year

✓ 10/8/92 Didine Morse will re-submit FX systems is on the 2nd floor of the same address - (30)



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

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Type of Combustion Device
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## B. Used Oil Fuel Activities

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3. Reactive (D003) ☐
4. EP Toxic (D000) ☐
- (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
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## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

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D 0 0 1	D 0 3 9	D 0 1 8			
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Diane E. Morse

Name and Official Title (type or print)

Manager - Diane Morse

Date Signed

10/7/92

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



\*\*\*\*\*  
EPA Id: NYD063788541 Other Id: Source: N  
RCRIS: Notification View Screen 2 of 5  
\*\*\*\*\*  
EPA Id: NYD063788541 Other Id: Source: N  
RCRIS: Notification View Screen 3 of 5  
\*\*\*\*\*  
Enter-Continue FI-Previous Screen FI-Exit  
\*\*\*\*\*  
Land Type: City: KINGSTON State: NY Zip: 12401  
Streets: 77 CORNELL STREET  
BRENNAN THOMAS QC SUPERVISOR 9143380515  
Last Name First Name Title Phone Address (M.L.D.)  
Contact Information  
City: KINGSTON State: NY Zip: 12401  
Streets: 77 CORNELL STREET CPD BOX 1818  
County Code: 111 County Name: ULSTER  
City: KINGSTON State: NY Zip: 12401  
Streets: 77 CORNELL STREET  
Installation Location Address  
Name of Installation: FX SYSTEMS CORP  
Date Acknowledged (MMDDYYYY):  
Date Received (MMDDYY): 052982 Source (N/E/S): N Non-Notification Flag:  
Merge Send: Y Other Id: NYD063788541  
\*\*\*\*\*  
Not Fada is on the 1st p/c.  
\*\*\*\*\*  
Address of Owner/Operator  
Street: NOT REQUIRED  
City: NOT REQUIRED  
State: NY Zip Code 99999  
Phone: 2125551212  
Current/Previous Indicator: CD Change Date (MMDDYY):  
\*\*\*\*\*  
Enter-Continue FI-Previous Screen FI-Exit  
F3-Exit  
F9-First  
F10-Next  
\*\*\*\*\*

